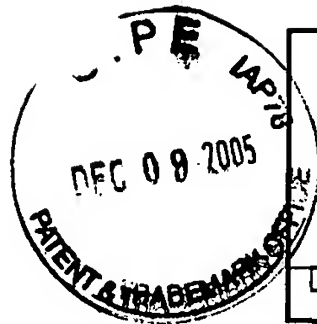


AF  
ZPW



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/014,747
	Filing Date	October 26, 2001
	First Named Inventor	William H. Dixon
	Group Art Unit	2132
	Examiner Name	Kristin M. Derwich
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number 164144.01

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (\$0.00 total fee)</b> <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> <b>Amendment / Reply</b> <input checked="" type="checkbox"/> After Final (8 pages) <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b>  <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <input checked="" type="checkbox"/> <b>Copy of this Transmittal Form</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a))  I hereby certify that this correspondence is being:  <input checked="" type="checkbox"/> deposited with the US Postal Service on the date shown below to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____.  December 7, 2005 Date		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.
Signature  Date December 7, 2005 Printed Name David Lee		

SIGNATURE OF ATTORNEY OR AGENT					
Signature			Reg. No.	38,222	
Name of Attorney or Agent			David Lee		
Date	December 7, 2005	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
<b>PAID</b> <b>DEC 09 2005</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/014,747				
Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 26, 2001				
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Willaim H. Dixon				
0.00		Examiner Name	Kristin M. Derwich				
		Art Unit	2132				
		Attorney Docket No.	164144.01				
		Express Mail Label No.					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>50-0463</b> Deposit Account Name: <b>MICROSOFT CORPORATION</b>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES Fee (\$)	Small Entity Fee (\$)	SEARCH FEES Fee (\$)	Small Entity Fee (\$)	EXAMINATION FEES Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEES				Small Entity			
Fee Description				Fee (\$)			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200			
Multiple dependent claims				360			
Total Claims				Fee (\$)			
12 - 33 or HP= 0				x 50 = 0			
HP=highest number of total claims paid for, if greater than 20							
Indep. Claims				Fee (\$)			
1 - 4 or HP= 0				x 200 = 0			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE				Multiple Dependent Claims			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				Fee (\$)			
Total Sheets				Fee Paid (\$)			
Extra Sheets							
Number of each additional 50 or fraction thereof							
-100 = 0 / 50 = 0 (round up to a whole) number x 250 = 0							
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)				0			
Other:				0			
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)		Telephone			
David Lee		38,222		(425) 703-8092			
Name (Print/Type)		Date					
David Lee		December 7, 2005					

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Inventors	: Dixon, et al.	)	
		)	
Applicant	: Microsoft Corporation	)	
		)	
Serial No.	: 10/014,747	)	Examiner: K. Derwich
		)	
Filed	: October 26, 2001	)	Art Unit: 2132
		)	
For	: Method For Providing User	)	Confirmation No.: 5741
	Authentication/Authorization	)	
	And Distributed Firewall Using	)	
	Same	)	

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO FINAL OFFICE ACTION OF OCTOBER 18, 2005**  
**AMENDMENT**

Sir:

In response to the Final Office Action of October 18, 2005, in connection with the above-identified application, the following amendments and remarks are submitted. Favorable consideration is respectfully requested.